

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE CONDITION OF

**Petition for Examination of
a State Prison Inmate
§51.20 (1)(ar)**

Name of Subject Inmate

Case No.

Date of Birth

UNDER OATH, we petition the court to examine the condition of the subject inmate who is incarcerated at
(Name of state prison) _____ and allege that:

1. The subject inmate is mentally ill, a proper subject for treatment and in need of either outpatient treatment in the prison or inpatient treatment at a state treatment facility because: _____
Also attach required reports.
2. Appropriate less restrictive forms of treatment were attempted with the subject inmate and were unsuccessful, including: _____
3. The subject inmate has been fully informed of his/her treatment needs, available mental health services and rights under Chapter 51, Wisconsin Statutes and has had an opportunity to discuss these matters with a licensed physician or licensed psychologist.

IN ADDITION, the petitioners provide the following information:

1. The subject inmate's sentence is _____ and expected date of release is _____.
2. The following petitioner(s) has personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone	Relationship to Subject
a)			
b)			
c)			

3. The following petitioner(s) does not have personal knowledge of the conduct of the subject:

Name	Mailing Address	Telephone	Relationship to Subject
a)			

State basis for belief: _____

Name	Mailing Address	Telephone	Relationship to Subject
b)			

State basis for belief: _____

4. In addition to the petitioners, the following person(s) may testify in support of this petition:

Name	Mailing Address	Telephone

5. The names and mailing address of subject inmate's: *(If unknown or inapplicable, so state.)*

Spouse	Mailing Address

Adult Children	Mailing Address

Parents or Guardian	Mailing Address

Custodian	Mailing Address

Brothers/Sisters	Mailing Address

Person(s) With Whom Subject Resides	Mailing Address

Subscribed and sworn to before me
on _____

Notary Public/Court Official, State of Wisconsin
My commission expires _____

Signature of Petitioner	Name Printed or Typed
▶	
▶	
▶	

DISTRIBUTION:

1. Original - Court
2. Subject
3. Parent(s)/Legal Guardian(s)/Custodian
4. Division of Disability and Elder Services
5. Treatment Facility